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**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH  
County of Gila  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
City of Maricopa (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

State Index No. 159  
Co. Register No. 259  
Local Registrar's No. \_\_\_\_\_

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Adolfo Trullones  
If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born ☒ Alive ☒ NO YES

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>April 23</u> 191 <u>9</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Adolfo Trullones</u>			Full Maiden Name <u>Consolacion Toto</u>		
Residence <u>deceased</u>			Residence <u>Maricopa</u>		
Color or Race <u>Mexican</u>	Age at last Birthday _____ (Years)	Color or Race <u>Mexican</u> Age at last Birthday <u>29</u> (Years)			
Birthplace <u>Durango, Mexico</u>			Birthplace <u>Durango, Mexico</u>		
Occupation _____			Occupation <u>House wife</u>		

Number of child of this mother 4 Number of Children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of the above child; and that it occurred on April 23 1919, at 5 P.M.

(Signature) Adolfo m. S.  
(Attending physician, midwife, householder.)\*

Given or Christian name added from a \_\_\_\_\_  
Supplemental report \_\_\_\_\_ 191\_\_\_\_

Address Maricopa  
Filed May 1 1919

162-423-326  
COUNTY REGISTRAR.

A True Copy  
Filed June 10 1919

W. B. Branton  
LOCAL REGISTRAR.  
D. G. Fox  
COUNTY REGISTRAR.